DEPAR*	TMENT OF HEALTH	AND HUMAN SERVICES	i_L		RINTED: 12	-
		& MEDICAID SERVICES 4	500	01 17115	FORM AF MB NO. 09	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445288		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		B. WING _	-,			
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	, , , , , , , , , , , , , , , , , , , ,	
HUNTSV	ILLE MANOR			287 BAKER STREET		
	<u> </u>			HUNTSVILLE, TN 37756		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE C	(X5) OMPLETION DATE
K 062 SS=D	The state of the s			K062 NFPA 101 Life Safety Code Standard		
				Corrective action(s) accomplished for those residents found to have been affected by the deficient practice:  1. 5 year sprinkler obstruction test has been completed.		
	0.7.0			Completion date:	1	2/11/14
	Based on documer determined that the automatic sprinkler	s not met as evidenced by: ntation and interview, it was facility failed to maintain the system in reliable operating		Identify other residents having the potential to be affected by the same deficient practice and what corrective action taken:  2. There is only 1 facility at this location.	1	2/18/14
	condition.			Completion date:	**	W 10/14
	The findings include Documentation and maintenance direct			Measures/systematic changes put in place to ensure that the deficient practice does not recur;  3. 5 year obstruction test has been added to the "Maintenance Inspection/Testing/Drill		
	10:45 a.m. revealed obstruction test has February 2009. (NFPA 25, 1998 Edi	the 5 year sprinkler not been conducted since tion 10-2.2)		Tracking Log".  In-service completed by the Administrator of the Maintenance Inspection Testing Drill Tracking Log with the Maintenance Director.		
	director and acknow during the exit confe 2014.	ified by the maintenance pledged by the administrator perence on December 3rd,	K 06	Completion date:  Monitoring of corrective action to ensure the deficient practice will not recur;  4. Administrator will monitor the	12	2/23/14
SS=E	Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96  This STANDARD is not met as evidenced by: Based on observation, record review and phone interview it was determined that the facility failed to maintain the kitchen hood suppression system			Maintenance Inspection Testing Drill Tracking Log monthly and ongoing.		
				Failure to maintain Maintenance Inspection Testing Drill Tracking Log will result in disciplinary action in accordance with facility policy and procedures.		
ABORATORY	DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGN	ATURE	TITLE		DATE
	( alla Du	Man	Adn	rinistrator 12	-123/1	4

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 92JB21

Facility ID: TN7601

If continuation sheet Page 1 of 3

PRINTED: 12/04/2014

PRINTED: 12/04/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO</u>. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 445288 12/01/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 287 BAKER STREET **HUNTSVILLE MANOR HUNTSVILLE, TN 37756** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Report of overall findings and K 069 Continued From page 1 K 069 subsequent disciplinary action, in a safe operating manner. if applicable, will be reported to the facility Quality Assurance (QA) Committee (consisting of The findings include: DON, Medical Director, ADON, NHA, Risk Manager, Based on observation, record review and phone MDSC, Pharmacy Consultant, Registered Dietician, Wound interview with the contractor on December 3rd, Care Nurse, SSD) to review the 2014 at 10:40 a.m. revealed the kitchen hood need for continued intervention suppression system in dietary does not have or amendment of plan. fusible links installed for each cooking appliance requiring protection. Completion date: (NFPA 17A, 1998 Edition 3-6.1,2) 12/26/14 K069 NFPA 101 Life Safety Code Standard This finding was verified by the maintenance director and acknowledged by the administrator Corrective action(s) accomplished for during the exit conference on December 3rd, those residents found to have been 2014. affected by the deficient practice: Fusible links installed for each K 076 NFPA 101 LIFE SAFETY CODE STANDARD K 076 cooking appliance in the SS=D kitchen hood. Medical gas storage and administration areas are Completion date: 12/23/14 protected in accordance with NFPA 99, Standards for Health Care Facilities. Identify other residents having the potential to be affected by the same (a) Oxygen storage locations of greater than deficient practice and what corrective action taken: 3,000 cu.ft. are enclosed by a one-hour There is only 1kitchen hood separation. suppression system in facility. (b) Locations for supply systems of greater than Completion date: 12/23/14 3,000 cu.ft. are vented to the outside. NFPA 99

4.3.1.1.2, 19.3.2.4

This STANDARD is not met as evidenced by:

determined that the facility failed to provide 5 feet

Based on observation and interview, it was

of clearance of oxygen storage from

not recur;

3.

Measures/systematic changes put in place

Inspection of fusible links have

been added to the monthly Kitchen Inspection Checklist. In-service completed by the Administrator with the

Maintenance Director and

Inspection Checklist.

Completion date:

Dietary Manager of Kitchen

to ensure that the deficient practice does

12/23/14

		AND HUMAN SERVICES			FORM	12/04/2014 APPROVED	
CENTERS FOR MEDICARE & MEDICAID SERVICES  STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				LE CONSTRUCTION 01 - MAIN BUILDING 01	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
NAME OF I	PROVIDER OR SUPPLIER	445288	B. WING		12/	01/2014	
	TLLE MANOR		2	STREET ADDRESS, CITY, STATE, ZIP CODE 187 BAKER STREET HUNTSVILLE, TN 37756	<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPIDEFICIENCY)	BE COMPLETION		
K 076	combustibles.  The findings include  Observation and int director on Decemb revealed oxygen sto room on the service clearance from com (NFPA 99, 1999 Edi  This finding was ver director and acknow	erview with the maintenance er 2nd, 2014 at 2:05 p.m. orage in the central supply hall does not have 5 feet of bustibles.	K 076	Monitoring of corrective action to ensure the deficient practice will not recur;  4. Administrator will monitor the Kitchen Inspection Checklist with Maintenance Director monthly. (ongoing)  Failure to maintain Kitchen Inspection Checklist will result in disciplinary action in accordance with facility policy and procedures.  Report of overall findings and subsequent disciplinary action, if applicable, will be reported to the facility Quality Assurance (QA) Committee (consisting of DON, Medical Director, ADON, NHA, Risk Manager, MDSC, Pharmacy Consultant, Registered Dictician, Wound Care Nurse, SSD) to review the need for continued intervention or amendment of plan.  5. Completion date:  K076 NFPA 101 Life Safety Code Standard Corrective action(s) accomplished for those residents found to have been affected by the deficient practice:  I. Oxygen storage maintains a 5' clearance of combustibles.  Completion date: 12/4/14  Identify other residents having the potential to be affected by the same deficient practice and what corrective action taken:  2. A new storage room located or 300 hall meets storage regulations of oxygen storage.		12/26/14	
ĺ		j		Completion date:		12/26/14	

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN BUILDING 01 TN7601 B. WING \_ 12/01/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 287 BAKER STREET **HUNTSVILLE MANOR HUNTSVILLE, TN 37756** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) N 002 1200-8-6 No Deficiencies N 002 Measures/systematic changes put in place to ensure that the deficient practice does not recur; Risk Manager completed an in-During the Life Safety portion of the annual service on "Oxygen Storage Policy" with Central Supply, licensure survey conducted on December 2nd, Maintenance, & Nursing Staff. 2014, no deficiencies were cited under 1200-08-06, Standards for Nursing Homes. 12/26/14 Completion date: Monitoring of corrective action to ensure the deficient practice will not recur; Director of Nursing and Risk Manager will monitor daily for the next 2 weeks to ensure that policy is adhered to. (ongoing) Failure to adhere to policy will result in disciplinary action in accordance with facility policy and procedures. Report of overall findings and subsequent disciplinary action, if applicable, will be reported to the facility Quality Assurance (QA) Committee (consisting of DON, Medical Director, ADON, NHA, Risk Manager, MDSC, Pharmacy Consultant, Registered Dietician, Wound Care Nurse, SSD) to review the need for continued intervention or amendment of plan. 5. Completion date: 12/26/14 Division of Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE Administrator uua tilliam STATE FORM 8800 If continuation sheet 1 of 1